

"BUILDING THE BEST YOUTH"



Dear Future Conference Participant-

It's that time of year again!! The 2011 NCADA Prevention Leadership Conference is just around the corner! The Conference this year is a one-day event and will take place at the Sheraton Westport Lakeside Chalet on Friday, August 5th from 8:00 a.m. until 11:00 p.m.

We have packed a lot of great activities into this one-day event. Here is a look at what will happen;



Aric Bostick will speak—He is the #1 Teen Motivational Speaker



Learn a lot of new information in breakout sessions including Alcohol and the Brain—Driving Safety—Bullying/ Ways to Escape—Meth—Prescription/Over the Counter Drug Abuse—Tobacco—Diseased Organs—Hero on Duty- And much more!



Evening Activities you may stay for:

- Dance
- Caricature drawing
- Guitar Hero
- Karaoke



Meeting new people!

We hope you and your friends will be able to attend. Lots of detailed information is included in here for you and your parent/guardian to complete. In addition to the application itself, there is a sign-up sheet for the breakout sessions. Don't forget to complete that one as well. You can also find this information on our website at www.ncada-stl.org. Please turn in all your forms to Val Colombo by June 23, 2011.

If you or your parent/guardian have any questions please contact me yourself or have your parent/guardian contact me at 314-962-3456 or email me at vcolumbo@ncada-stl.org. I really look forward to seeing you this year.

Val Colombo
Conference Coordinator
NCADA

"You can dream, create, design and build the most wonderful place in the world, but it requires people to make the dream a reality."-Walt Disney



Proud member of

United Way of Greater St. Louis



Mail application by 06/23/11 to:
 Valerie Colombo
 NCADA
 8790 Manchester Road
 St. Louis, MO 63144

For office use only: Date Rec'd _____

**NCADA Prevention Leadership Conference
 PARTICIPANT APPLICATION**

Please **print in ink** or **type** legibly. To eliminate delays, applications must be completely filled out, signed and returned by June 23, 2011.

PART I -Participant Application (To be completed by student)

Last name, first name:		Date of birth: ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	T-shirt size: <input type="checkbox"/> Small <input type="checkbox"/> X-Large <input type="checkbox"/> Medium <input type="checkbox"/> 2X-Large <input type="checkbox"/> Large <input type="checkbox"/> 3X-Large <input type="checkbox"/> 4X-Large	
Address:		City:	State:	Zip:	
Home phone number:		Cell phone number:			
Student's e-mail address:		Year in school as of September 2011:			
Name of school you attend:		<input type="checkbox"/> Middle/ Jr. High		<input type="checkbox"/> High School	
		<input type="checkbox"/> College			

CONFERENCE MEALS

Please check which meals you will be attending. **NO CHANGES** can be made at the Conference.

- Friday Breakfast..... yes no Vegetarian
 Friday Luncheon yes no Vegetarian
 Friday Banquet yes no Vegetarian

EVENING PLANS

Please check one that applies. **NO CHANGES** can be made at the Conference.

- I plan to leave the Conference after the evening banquet at 7:30 p.m.
 I plan to stay for the evening activities from 7:30-11:00 p.m. and will be picked up from the conference at 11:15 p.m.

PART II – Parent/Guardian Application

Please note, there are seven parental/guardian signatures required on this application. The first six are the following sections:

- Medication Authorization
- Emergency Information
- Permission to take surveys
- Publicity Release
- Liability Release
- Evening Activities

The seventh Signature is the **CODE OF CONDUCT/EXPECTATIONS FOR STUDENT PARTICIPANTS**. Please read and discuss this document with your student and we ask that both of you sign it.

GENERAL PARENT/GUARDIAN INFORMATION

	Mother/Guardian	Father/Guardian
Name:		
Address:		
Home Phone	()	()
Cell Phone	()	()
Work Phone	()	()

GENERAL HEALTH INFORMATION

Is there any medical condition your student is being treated for that our Conference nurse should know about? (asthma, skin conditions, depression, seizure disorder, diabetes, ADHD, etc.)

- NO
 YES, my student is being treated for

List any allergic reactions your student has (medications, insects stings, foods, etc)

List any physical activity and/or dietary limitations your student has:

Last tetanus booster: month _____ year _____

MEDICATION AUTHORIZATION**Over the counter medication**

Below is a list of over-the-counter medications NCADA will have available. If, you approve of your student taking one or more of these medications, please check those that you authorize the Conference nurse to administer.

- | | | |
|--|--|--|
| <input type="checkbox"/> Neosporin or A&D ointment | <input type="checkbox"/> Antacid | <input type="checkbox"/> Anti-diarrhea |
| <input type="checkbox"/> Decongestant | <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Ibuprofen or Tylenol 325 mg.
Circle one: 1 tablet, 2 tablets |
| <input type="checkbox"/> Ear drops (swimmers ear) | <input type="checkbox"/> Cough
medicine/
Cough drops | <input type="checkbox"/> Benadryl <input type="checkbox"/> Other |

Prescription medication

If your student requires prescription medication that you would like the Conference nurse to administer, the medication must be in the original labeled pharmacy container and must be given to the Conference nurse at registration.

Name of medication(s) you wish the Conference nurse to administer:

I give my permission for the conference nurse to administer to my student one or both of the following (check either or both)

- Over the counter medication
 Prescription medication
 My student will not need the Conference nurse to administer any medications.

Parent/Guardian Signature

Date

EMERGENCY INFORMATION

In the unlikely event that an emergency should occur and parents/guardians cannot be reached, the following person should serve as an alternate contact for my student.

Name :		Address:	
Home Phone:	Cell Phone:	Work Phone:	Relationship to my Student:

The Sheraton Lakeside Chalet Hotel carries accident injury insurance. However, it is important that students are also covered by insurance. Please complete the information below.

Physician or clinic's name:		Office phone number:	Exchange number:
Insurance carrier/Medicaid:	Group number:	Policy or Medicaid number:	Name of policy holder:

If an emergency situation should arise and neither parent/guardian nor alternate contact can be reached, the Conference nurse and/or Conference coordinators will need to seek emergency care for my student.

 Parent/Guardian Signature

 Date
SURVEY RELEASE

To measure the Conference's impact on participants, NCADA staff administers a pre-test at the beginning of the Conference, a post-test at the end of the Conference, and a follow-up survey 2-4months following the Conference. All surveys are anonymous and are used to determine participants' knowledge and attitude change and areas where the conference could be improved.

I give my permission for my student to complete the Conference surveys.

 Parent/Guardian Signature

 Date
PUBLICITY RELEASE

There are times NCADA publicizes and promotes its programs to those that support NCADA's youth services and to those who are interested in our programs. This may involve showing a photograph of an activity in which our student was participating.

I give my permission for NCADA to use a photograph of my student participating in a conference activity.

 Parent/Guardian Signature

 Date
LIABILITY RELEASE

I hereby release the NCADA Prevention Leadership Conference, of its sponsoring or cooperating agencies, Sheraton Lakeside Chalet Hotel, and any other person or organization associated with the Conference to be held at the Sheraton Lakeside Chalet August 5, 2011, from any and all liability during the Conference.

 Parent/Guardian Signature

 Date

EVENING ACTIVITES RELEASE

The Conference banquet ends at 7:00 p.m. After the banquet, from 7:30-11:00 p.m., NCADA will provide and evening of activities that include a dance, caricature drawings, karaoke, and Guitar Hero. The evening will provide an opportunity for students to make new friends at the same time it demonstrates that fun and excitement can be alcohol and other drug free. Please complete the following information:

- My student will not be able to stay for the evening activities and I will pick him/het up at 7:15 p.m. on August 5, 2011.
- My student will stay for evening activities, and I will pick him/her up at 11:15 p.m. on August 5, 2011.

Please contact the following person if I fail to pick up my student at the agreed time

Name :			
Home Phone:	Cell Phone:	Work Phone:	Relationship to my Student:

Parent/Guardian Signature

Date

CODE OF CONDUCT

1. All individuals at the 2011 NCADA Prevention Leadership Conference must conduct themselves in a manner that reflects well upon themselves and their school/organization. Participants must show respect to speakers, Conference staff ad fellow participants, hotel staff and guests.
2. Participants must use good judgment about language and avoid comments and off-color or other jokes that put down or other jokes that put down or stereotype individuals, races, religions, genders or other groups.
3. Participants **must not** engage in any of the following behaviors:
 - Fighting, teasing, bullying, or put downs
 - Running around the hotel.
 - Handling or taking property that belongs to others.
 - Wearing scanty, suggestive or inappropriate clothing.
 - Wearing clothing with messages or pictures that conflict with a non-violent, drug-free, respectful lifestyles.
4. Immediate expulsion from the Conference will occur if:
 - Personal or hotel property is destroyed or damaged.
 - Any participant has a knife, gun, or other weapon of destruction.
 - Any participant has or uses alcohol, tobacco, or any drug (unless prescribed).

Parents/guardians will be notified, and must take full responsibility for paying any damages and for the immediate pick-up of their student. NCADA will not be responsible for costs related to property damage or transportation and registration costs will not be refunded.

5. All student participants must attend and arrive promptly for all Conference sessions: Keynote speaker, breakout sessions, meals, and evening activities (if applicable).
6. All participants must abide by Conference and hotel safety rules.
7. Nametags must be worn as credentials at all Conference functions.
8. Electronic devises: cell phones, MP3 player, BlackBerry's, radios, IPODS, CD or DVD players and earphones are prohibited during the Conference, unless there is an urgent emergency.
9. No personal supplies of food or drink should be brought into any part of the Conference.
10. Participants (with parental/guardian permission) will cooperate with photographers recoding Conference activities.

I have read the Code of Conduct, understand what is expected of me, and agree to abide buy it.

Printed Student Name

Date

Student Signature

Printed Parent/Guardian Signature

Date

Parent/Guardian Signature

DIRECTIONS TO THE SHERATON WESTPORT LAKESIDE CHALET

From Lambert-St Louis International Airport: Take Interstate 70 West to Interstate 270 South to Dorsett Road, Exit 17. Turn left on Dorsett Road. Turn right on Progress Parkway and continue straight ahead into West Port Plaza.

From North: Take Interstate 70 West to I-270 South, take Exit 17 to Dorsett Road. Turn left on Dorsett Road, turn right on onto Progress Parkway. Continue straight ahead into West Port Plaza.

From West: Take Interstate 64/Route 40 East to I-270 North to Dorsett Road, Exit 17. Turn right on Dorsett Road, then turn right onto Progress Parkway. Continue straight ahead into West Port Plaza.

From South: Take Interstate 55 North to I-270 West/North. Take Exit 17 onto Dorsett Road. Make a right turn on Dorsett Road, then a right onto Progress Parkway. Continue straight ahead into West Port Plaza.

Schedule at a Glance

TIME	EVENT
8:00-8:30 AM	Registration/ Pre-test/ Breakfast
8:30-9:00 AM	Opening
9:00-10:00 AM	Keynote Speaker
10:00-10:10 AM	move
10:10-11:10 AM	Breakout Session 1
11:10-11:20 AM	move
11:20-12:20 PM	Breakout Session 2
12:20-1:00 PM	Lunch
1:00-2:00 PM	Leadership Activity
2:00-2:10 PM	move
2:10-3:10 PM	Breakout Session 3
3:10-3:20 PM	move
3:20-4:20 PM	Breakout session 4
4:20-5:00 PM	Presentation (panel)
5:00-5:15 PM	move
5:15-7:00 PM	Keynote/Dinner/Awards/Post-Test
7:00-7:30 PM	Closing
7:30-11:00 PM	Alternate Activities

